

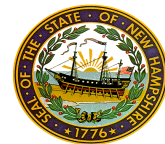
**State of New Hampshire
Department of Health and Human Services**

**REQUEST FOR INFORMATION #
RFI-2020-DBH-01-MOBIL**

FOR

Statewide Mobile Crisis Response Teams

October 29, 2019



REQUEST FOR INFORMATION

1. Overview and Purpose

1.1. Overview

The New Hampshire Department of Health and Human Services issues this Request for Information (RFI) to solicit information to develop a new statewide model for the expansion and integration of Mobile Crisis Response Teams (MCRT) throughout New Hampshire. The proposed model will integrate with the current emergency services and crisis response continuum and will facilitate the delivery of mobile crisis services in all regions of the State and have the capacity to respond to children and adults experiencing a behavioral health crisis such as mental health and/or substance misuse.

The Department encourages both collaborative responses (e.g., multiple organizations or people submitting together) and individual responses by one organization/person.

1.2. Purpose

The Department seeks information from respondents and topic area experts that will help formulate an efficient and sustainable model for statewide, integrated mobile crisis response. The model must consider how statewide mobile teams will integrate into the current emergency services structure to create a well-coordinated continuum of services that is responsive to a broad range of behavioral health needs. The Department also seeks information regarding funding and third-party reimbursement models that support and sustain implementation of mobile teams.

Mobile crisis response teams are specialized community and recovery-based teams that connect people experiencing a behavioral health crisis to community resources and facilitate alternatives to hospital emergency department admissions. Mobile crisis teams operate 24/7, rapidly deploy to community settings, and provide crisis assessments and stabilization services to people in their homes or other non-clinical locations. These multi-disciplinary teams help people manage and recover from behavioral health crises in community settings. Currently, New Hampshire operates three (3) mental health mobile crisis teams for adults in Concord, Nashua, and Manchester, all with crisis apartments as outlined in the New Hampshire Community Mental Health Settlement Agreement.

Expansion of mobile crisis services that serve all regions of the State is a Department priority. All New Hampshire residents should have access to teams that have the training, expertise, and resources needed to serve an expanded population, including adults, children and youth experiencing a mental health and/or substance misuse crisis. Mobile crisis response teams are evidence-based and cost-effective, providing for less costly and more personalized and standardized, person-centered care.



2. Background Information and Vision

2.1. Background

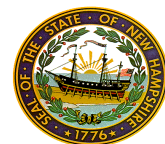
New Hampshire's population is approximately 1.3 million and has a geographic make-up that ranges from populated areas in the southern part of the state to a rural, mountainous northern region. Provision of services delivered by and contracted through the Department of Health and Human Services (DHHS) are integrated to address the needs of individuals, families, and communities in all regions of the State. This integration includes incorporating the Social Determinants of Health to address all areas of vulnerability that families and citizens experience.

With that lens, the Department's Division for Behavioral Health, in partnership with a robust stakeholder and provider group, developed a 10-year mental health plan (10-year plan) to set a shared vision to ensure New Hampshire supports a comprehensive, integrated system of behavioral health care across the lifespan. The 10-year plan prioritizes investments and system redesign to address foundational issues that affect funding and access to services that are critical for future system growth and expansion. The 10-year plan, published in January 2019, was the product of an in-depth system evaluation and robust stakeholder input process. Recommendations within the plan called for centralization of access to services, including crisis services, and an expansion of the crisis continuum, including mobile crisis response teams.

Another driver of changes to New Hampshire's behavioral health system is in the area of children's behavioral health. The DHHS is working towards developing a robust system of care to prevent, identify and address any mental health concerns early and effectively. Work is being done through a System of Care model to divert at-risk children and youth from entering the Child Protection or Juvenile Justice systems. Those who are already served in these systems are identified as a high need behavioral health population. Senate Bill 14, passed and signed into law in June of 2019, provides requirements and funding to build out the children's behavioral health system, to ensure critical services are available throughout the continuum of care for this population. This includes statewide mobile crisis for all children, youth, their families, and foster families who need additional support in their home and community to successfully resolve behavioral health crisis. Implementation efforts of Senate Bill 14 compliment recommendations of the 10-year plan and the DHHS's vision to expand and integrate the behavioral health system to ensure it is responsive to the varying needs of children, youth and adults in NH.

Publicly funded mental health services for children and adults are delivered regionally through a network of ten (10) designated community mental health centers, other Medicaid funded providers such as Federally Qualified Healthcare Centers and private providers. New Hampshire's *Building Capacity for Transformation* 1115 Medicaid Waiver is spearheaded by seven (7) regionally-based networks of organizations—Integrated Delivery Networks (IDNs)—that are made up of multiple community-based social service organizations, hospitals, county facilities, primary care providers, and behavioral health providers who implement projects designed to build behavioral health capacity, promote integration of primary care and behavioral health, facilitate smooth transitions in care, and prepare for alternative payment models.

New Hampshire is also a recipient of a State Opioid Response (SOR) grant which, starting in January 2019, stood up nine (9) access points, called Doorways, across the State for anyone seeking substance use disorder services to access screening, assessment and referral.



A coordinated system of care across the above initiatives including the Doorways, Integrated Delivery Networks, Community Mental Health Settlement Agreement, Senate Bill 14, and the 10-year mental health plan will help to streamline services, reduce duplication of services and increase ease of service navigation for community members/clients, with the benefits of improving care and efficiency and decreasing unnecessary hospitalization cost.

2.2. Department of Health and Human Services, Division for Behavioral Health

The Department of Health and Human Services (DHHS), Division for Behavioral Health (DBH) was established in 2016 to integrate adult and children's behavioral health services. The division is within DHHS under Human Services and Behavioral Health and includes the Bureau for Children's Behavioral Health, the Bureau of Mental Health Services, and the Bureau of Drug and Alcohol Services.

2.2.1. Bureau for Children's Behavioral Health

The Bureau for Children's Behavioral Health oversees the delivery of mental health and substance use services for state eligible children and youth with severe emotional disturbance. The Bureau is focused on creating a system of care for children and families that prioritizes prevention, early identification and intervention. Recent legislation echoes these priorities and drives forward the goals of the Bureau including the passing of Senate Bill 14 in June 2019. SB14 supports ongoing integration efforts of DHHS and specifically requires the State to develop and implement statewide mobile crisis and stabilization services for children.

2.2.2. Bureau of Mental Health Services

The Bureau of Mental Health Services oversees the delivery of mental health services for state eligible adults who have mental illness, severe and persistent mental illness, or co-occurring mental illness and substance use disorders. In 2014, NH entered into a Community Mental Health Settlement Agreement that included components such as Assertive Community Treatment, Supported Employment, supported housing, and the development of three (3) mobile crisis response teams and apartments that the Bureau contracts for and oversees. These teams became operational in Concord in 2015, Manchester in 2016, and Nashua in 2017. The settlement Agreement can be viewed at this location:

<https://www.dhhs.nh.gov/dcbcs/bbh/documents/approved-agreement.pdf>

2.2.3. Bureau of Drug and Alcohol Services

The Bureau of Drug and Alcohol Services' mission is to join individuals, families and communities in reducing alcohol and other drug problems thereby increasing opportunities for citizens to achieve health and independence. The Bureau oversees the delivery of substance use services for state eligible adults who have substance use disorders

The Federal State Opioid Response Grant is an award from the Substance Abuse and Mental Health Services Administration (SAMHSA) to help the DHHS and substance use disorder providers combat the opioid crisis in New Hampshire. This two-year grant program addresses unmet treatment needs, opioid overdose deaths and barriers to medication-assisted treatment (MAT). SAMHSA's funding award is for \$45.8 million over a two-year period. Established in January 2019, The Doorway system has nine (9) locations statewide, with resources to provide 24/7 access to screening, assessment, evaluation, care coordination, data collection, and financial support for individuals seeking or receiving substance use disorder services.

In addition to the Doorways, SOR funding supports additional needs for substance use services in New Hampshire including substance use mobile crisis response.

The SOR website is located at: <https://www.dhhs.nh.gov/dcbcs/bdas/sor.htm>.



3. RFI Objectives

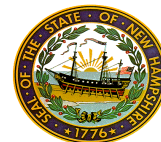
- 3.1. The Department of Health and Human Services, Division for Behavioral Health supports a crisis system that is responsive to the needs of individuals and families affected by behavioral health issues. The development of an integrated statewide emergency services and mobile crisis response system is expected to reduce the number of psychiatric patients waiting in hospital emergency rooms for behavioral health treatment and will provide an alternative mechanism to engage people in appropriate levels of care. The Department intends to develop an efficient and sustainable statewide crisis response model to serve:
 - 3.1.1. Adults with mental illness, severe mental illness, or co-occurring mental illness and substance use disorder;
 - 3.1.2. Children with severe emotional disturbance or substance use disorders; and
 - 3.1.3. Adults with primary substance use disorders.
- 3.2. By issuing this RFI, the State desires to gain information about how mobile crisis response teams can be structured and funded to achieve statewide mobile response services that are integrated into the continuum of care including, but not limited to:
 - 3.2.1. Models for an effective crisis response continuum that integrate mobile crisis response teams with other emergency services in order to accommodate community-based face-to-face interventions, telephone interventions, and in-office interventions.
 - 3.2.2. Models that successfully integrate mobile crisis response teams to serve adults and children experiencing behavioral health crises;
 - 3.2.3. Models that successfully provide mobile crisis coverage in variable geographic regions such as densely populated areas and rural areas;
 - 3.2.4. Funding models that sustain the delivery of mobile crisis response services.



4. Factors to Consider

4.1. Factors to consider in responding to this RFI include, but are not limited to:

- 4.1.1. Clinical need.
- 4.1.2. Cultural needs of people in crisis and their families.
- 4.1.3. Approaches and tools used for different populations.
- 4.1.4. Approaches and ideas regarding the provision of service in a community-based setting rather than in a person's home.
- 4.1.5. Continuum of emergency services, including existing emergency services and mobile crisis delivery system.
- 4.1.6. Funding, with an emphasis on maximizing private and public insurance participation.
- 4.1.7. Workforce and staffing needs, for example, staff competencies, areas of expertise, and specialty training requirements.
- 4.1.8. Hours of operation.
- 4.1.9. Technology infrastructure needs.
- 4.1.10. New Hampshire's geographic make-up and population density.
- 4.1.11. Preference for 1-hour face-to-face response time.
- 4.1.12. Ten (10) Year Mental Health Plan recommendations.
- 4.1.13. Accessibility for currently underserved populations including, but not limited to people who identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ); transitional age youth and young adults; pregnant women with behavioral health conditions; racial, ethnic and linguistic minorities.
- 4.1.14. Types of services that could be delivered to sub populations (adults, children and youth who have suicidality, violence, mental illness, SUD, and co-occurring disorders.).
- 4.1.15. Efficiencies that may be gained.
- 4.1.16. Relationships or partnerships with other types of providers (law enforcement, hospitals, first responders, community organizations, etc.)
- 4.1.17. Possible costs of new model(s) and types of upfront and sustaining funding (e.g. Medicaid fee-for-service or bundled rates, braided funding across private and public behavioral health funding sources)
- 4.1.18. Any risk factors associated with an approach.
- 4.1.19. Any other suggestions or recommendations Respondents wish to provide.



5. RFI Purpose and Questions

5.1. RFI Purpose

- 5.1.1. This RFI is for information purposes only, and is not intended to result in a contract or Respondent agreement with any respondent. This RFI is not a Request for Proposals, Bids, or Applications. The State is seeking Respondent community insight and information prior to finalizing business, functional, operational, and technical requirements before considering the publishing of a Request for Proposal (RFP).
- 5.1.2. This RFI does not commit the State to publish a RFP or award a contract. The issuance of an RFP, as a result of information gathered from these responses, is solely at the discretion of the State. Should an RFP be issued, it will be open to qualified Respondents, whether those Respondents choose to submit a response to this RFI. This RFI is not a pre-qualification process.
- 5.1.3. Once information from this RFI is fully evaluated, and depending on funding and other factors, a Request for Proposals (RFP) may be published by the Department to select a Respondent for specific work to be performed which could potentially result in a contract after the completion of the RFP scoring process. Nevertheless, the issuance of any RFP in the future does not commit the Department to award a contract.

5.2. RFI Questions

- 5.2.1. **Respondents may respond to some or all the questions below. Responses to all questions are encouraged but are not required. Your response can be brief (a few sentences) or longer (a few paragraphs).**
- 5.2.2. **Please be sure to label your responses appropriately to the question you are addressing.**

- Q1.** *Briefly describe your organization, who you serve, and any experience/expertise specific to behavioral health crisis response services. Please keep generalized marketing material to a minimum.*
- Q2.** *Describe any experience/expertise or lessons learned operating mobile crisis response services and/or statewide integrated teams specific to the Factors to Consider listed in Section 4.*
- Q3.** *Provide your recommended approach(s) for the provision of statewide mobile crisis response services. This could include a model for an integrated crisis continuum and should specifically indicate if services are proposed to be operated by a stand-alone entity or integrated into designated community mental health programs as a part of the continuum of crisis care. Specifically, how will the recommended model enhance, augment, strengthen, and/or expand existing resources?*
- Q4.** *Provide a description of the array of services that could be delivered through your recommended model, including by sub populations (adults, children, mental health, substance use disorder, co-occurring disorders), and if services focus on the immediate behavioral health crisis or address more broad social determinants of health.*
- Q5.** *Describe the expected ratio of services in this model of face-to-face versus phone or in-office contacts.*



- Q6. *Provide a description of how this model will successfully deploy mobile crisis services in both densely populated and rural regions within a designated timeframe, such as one-hour.*
- Q7. *Describe how this model will utilize best practices to meet the needs of currently underserved populations including people who identify as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ); transitional age youth and young adults; pregnant women with behavioral health conditions; and racial, ethnic and linguistic minorities.*
- Q8. *Include a description of any efficiencies that may be gained through the model.*
- Q9. *What other relationships or partnerships would support the implementation of this model? Include a description of both the role partners would play in program implementation/operations and financial sustainability. (Examples of partnerships include law enforcement, hospitals, and/or first responders.)*
- Q10. *Provide an overview of the technology and infrastructure needed to support this model.*
- Q11. *Provide a description of step-wise options to implement the proposed model(s). Include specifics regarding hours of operation and provision of services to all geographic regions.*
- Q12. *Provide details on the required team composition needed to deliver the scope of services proposed in your model, including staff competencies, areas of expertise, and specialty training requirements.*
- Q13. *Describe any challenges that need to be considered under this model.*
- Q14. *Describe any required data collection measures needed to address the effectiveness of these services.*
- Q15. *Describe the preferred tools to be used with the specified populations, including adults, children and youth who have suicidality, violence, mental illness, SUD, and co-occurring disorders. Describe potential tools used for assessing additional vulnerabilities including economic, physical environment, education, food, social context and healthcare (Social Determinants of Health).*
- Q16. *In your estimation, how much money will it cost to provide a fully integrated statewide mobile crisis response teams and how many individuals would your organization be able to serve?*
- *You may provide estimated cost information in any format. If helpful, use the table below to consider the kinds of costs to include. Please include costs expected to be associated with standing up and sustaining the recommended model.*



<i>Type of Cost</i>	<i>Estimated Cost</i>	<i>Explanation of Costs</i>
<i>Start Up Costs (e.g. planning, training, and/or infrastructure)</i>		
<i>Directs Costs to provide mobile crisis response services to individuals</i>		
<i>Indirect Cost to support effective organization (e.g. facilities, leadership, staff, functions shared across your organization)</i>		
<i>Anticipated # of individuals to serve per year for this cost</i>		

- Q17.** *Provide a recommendation of funding model(s) to support the ongoing delivery of services associated with this model. Models may be, but are not limited to, a daily rate for a total cost; bundled service rate (identify which services), administrative rate/costs that pass to providers, and/or tiered Medicaid rates. In addition, what type of funding sources are available such as private insurance, Medicaid, general funds, etc.?*
- Q18.** *Are there additional questions or concerns that are important for the Department to consider with regard to developing and implementing the recommended approach?*



6. Notices

6.1. Sole Point of Contact

The sole point of contact for this RFI relative to the submission of requested information is:

Ami Guimond (formerly Carvotta), Procurement Coordinator
DHHS Contracts & Procurement
Brown Building
129 Pleasant Street
Concord, NH 03301
Email: Ami.Carvotta@dhhs.nh.gov
Phone: (603) 271-9285

Other State personnel are NOT authorized to discuss this RFI before the submission deadline. The State will not be held responsible for oral responses to Respondents regardless of source.

6.2. RFI Timetable

Request for Information Timetable		
<i>All times are according to Eastern Time. The State reserves the right to modify these dates at its sole discretion.</i>		
Item	Action	Date
1.	Release RFI	10/29/19
2.	Respondents Meeting (non-required)	11/18/19 1:00 – 4:00 pm
3.	Question Period Closes	11/20/19
4.	Response to questions published	12/3/19
5.	RFI Submissions due	1/6/2020 at 3:00 PM

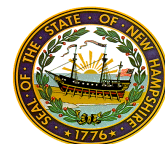
6.3. Respondents Meeting

- 6.3.1. The Respondent Meeting will be from 1:00 to 4:00 pm at the Brown Building auditorium, located at 129 Pleasant Street, Concord, NH, 03301. If you plan to attend, please RSVP to Ami.Carvotta@dhhs.nh.gov. Please include your name and organization in the RSVP email.

6.4. Respondents Questions and Answers

6.4.1. Respondents Questions

- 6.4.1.1. Respondents may email the Department questions starting on the release date of the RFI through the closing date for questions in Section 6.2 RFI Table.
- 6.4.1.2. All questions about this RFI, including but not limited to requests for clarification, additional information or any changes to the RFI must be made in writing, citing the RFI page number and part or subpart, and submitted to the Procurement Coordinator identified in Subsection 6.1.



- 6.4.1.3. The Department may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered. Statements that are not questions will not receive a response.
- 6.4.1.4. The Department will not acknowledge receipt of questions.
- 6.4.1.5. The questions may be submitted by e-mail; however, the Department assumes no liability for assuring accurate and complete e-mail transmissions.
- 6.4.1.6. Questions must be received by the deadline given in Subsection 6.2, RFI Timetable.

6.4.2. **Department Answers**

The Department intends to issue responses to properly submitted questions by the deadline specified in Subsection 6.2, RFI Timetable. Oral answers given are non-binding. Written answers to questions submitted will be posted online at (<http://www.dhhs.nh.gov/business/rfp/index.htm>). This date may be subject to change at DHHS' discretion.

6.5. **RFI Amendment**

The Department reserves the right to amend this RFI, as they deem appropriate prior to the submission deadline on their own initiative or in response to issues raised through Respondent questions. In the event of an amendment to the RFI, the Department, at its sole discretion, may extend the submission deadline. The amended language will be posted on the Department Internet site.

6.6. **Information Submissions**

- 6.6.1. Information submitted in response to this RFI must be received no later than the time and date specified in Subsection 6.2. RFI responses must be addressed for delivery to the Sole Point of Contact listed in Subsection 6.1. Responses must be marked with **RFI-2020-DBH-01-MOBIL**.
- 6.6.2. Delivery of the Respondent's submission shall be at the Respondent's expense. The time of receipt shall be considered when a Respondent's submission has been officially documented by the Department, as having been received at the e-mail address designated in Subsection xxxx. The State accepts no responsibility for mislabeled e-mail. Any and all damage that may occur due to shipping shall be the Respondent's responsibility.

6.7. **Property of Department**

All material property submitted and received in response to this RFI will become the property of DHHS and will not be returned to the Respondent. The Department reserves the right to use any information presented in any submission provided that its use does not violate any copyrights or other provisions of law.



6.8. RFI Response Withdrawal

Prior to the Closing Date for receipt of submissions, a submission may be withdrawn by submitting a written request for its withdrawal to Sole Point of Contact identified in Subsection 6.1.

6.9. Public Disclosure

- 6.9.1. Any information submitted as part of a response to this RFI may be subject to public disclosure under RSA 91-A.
- 6.9.2. Insofar as a Respondent seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Respondent must clearly identify in writing the information it claims to be confidential and explain the reasons such information should be considered confidential. This should be done by separate letter identifying by page number and RFI section number the specific information the Respondent claims to be exempt from public disclosure pursuant to RSA 91-A:5.
- 6.9.3. Each Respondent acknowledges that the Department is subject to the Right-to-Know Law New Hampshire RSA Chapter 91-A. The Departments shall maintain the confidentiality of the identified confidential information insofar as it is consistent with applicable laws or regulations, including but not limited to New Hampshire RSA Chapter 91-A. In the event the Department receives a request for the information identified by a Respondent as confidential, the Department shall notify the Respondent and specify the date the Department intends to release the requested information. Any effort to prohibit or enjoin the release of the information shall be the Respondent's responsibility and at the Respondent's sole expense. If the Respondent fails to obtain a court order from a court of competent jurisdiction enjoining the disclosure, the Department may release the information on the date the Department specifies in their notice to the Respondent without incurring any liability to the Respondent.

6.10. Non-Commitment

Notwithstanding any other provision of this RFI, this RFI does not commit the Department to publish an RFP or award a Contract. The Department reserves the right to reject any and all RFI submissions or any portions thereof, at any time and to cancel this RFI and to solicit new or additional information under a new RFI process.

6.11. Liability

Respondents agree that in no event shall the State be either responsible for or held liable for any costs incurred by a Respondent in the preparation or submittal of or otherwise in connection with their submission.

6.12. Request for Additional Information or Materials

During the period from date of RFI Response submission to the date of RFP publication, if that should occur, the Department may request from any Respondent additional information or materials needed to clarify information presented as part of their submission. Such a request will be issued in writing.



7. RFI Response Submission Outline and Requirements

7.1. Overview

- 7.1.1. Respondents are expected to examine all documentation and other requirements.
- 7.1.2. Submissions must conform to all instructions, conditions, and requirements included in the RFI.
- 7.1.3. Respondents are requested to address all RFI Questions in Subsection 5.2, and agree to the conditions specified throughout the RFI. All Factors to Consider in Section 4 that are applicable should be incorporated into the Respondents answers to the RFI Questions.
- 7.1.4. Submissions should be received by the date and time specified in the RFI Timetable, Subsection 6.2, and emailed to the Procurement Coordinator specified in Subsection 6.1. and the DHHS Contracts unit at the following email addresses:
 - 7.1.4.1. To: DHHS-contracts@dhhs.nh.gov
 - 7.1.4.2. Cc'd: Ami.carvotta@dhhs.nh.gov
- 7.1.5. The Subject line of the RFI submission should be: **RFI-2020-DBH-01-MOBIL Submission.**

7.2. Presentation of Submission

- 7.2.1. One (1) electronic copy sent to the emails listed in Subparagraph 7.1.4.
- 7.2.2. Responses marked with the same number and format as the questions in Subsections 5.2.
- 7.2.3. Font size of 11 or larger.
- 7.2.4. Front cover labeled with:
 - 7.2.4.1. Name of company / organization
 - 7.2.4.2. RFI-2020-DBH-01-MOBIL

7.3. Outline and Detail

7.3.1. Submission Contents – Outline

- 7.3.1.1. Each Submission must contain the following, in the order described in this section (Each of these components must be separate from the others and uniquely identified with labeled tabs.):
 - 7.3.1.1.1. The Transmittal Cover Letter which must:
 - 7.3.1.1.1.1. Be on the Respondent organization's letterhead;
 - 7.3.1.1.1.2. Identify the organization(s) name(s) and address(es), the name, title, telephone number, and e-mail address of the person who will serve as the Respondent's representative for all matters relating to the RFI;



- 7.3.1.1.2. Table of Contents - The required elements of the Submission shall be numbered sequentially and represented in the Table of Contents.
- 7.3.1.1.3. Executive Summary - The Respondent shall submit an executive summary to:
 - 7.3.1.1.3.1. Provide DHHS with an overview of the Respondent's organization;
 - 7.3.1.1.3.2. Demonstrate the Respondent's understanding of the potential solutions described in this RFI and any anticipated problems associated with each;
 - 7.3.1.1.3.3. Show the Respondent's overall design of the potential solution(s); and
 - 7.3.1.1.3.4. Specifically demonstrate the Respondent's familiarity with the potential solutions' elements, and the Respondent's solutions to the problems presented.
- 7.3.1.1.4. Answers to RFI Questions
 - 7.3.1.1.4.1. The Respondent is asked to answer all questions and include all items requested in Subsection 5.2.
 - 7.3.1.1.4.2. Responses must be in the same sequence and format as listed in Subsection 5.2.